LOMA LINDA UNIVERSITY MEDICAL CENTER

Office of the President
& Chief Executive Officer

11234 Anderson Street
Post Office Box 2000
Loma Linda, California 92354
(909) 824-4308
FAX: (909) 478-4308

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Office of Statewide Health Planning & Development
Health Policy and Planning Division
1600 9th Street, Room 350
Sacramento, CA 95814

RE: 1997 OSHPD Heart Attack Report

TO WHOM IT MAY CONCERN:

Thank you for forwarding the results of the OSHPD Heart Attack Reports for years 1991, 1992, and 1993. We have found this information very helpful for our internal use in assessing our current practices. In reviewing the actual medical records for the mortality cases from calendar year 1993, we have found some inaccuracies in the data used to calculate disease severity. In each case the inaccuracy would lead the disease severity score for the patients to appear less than it actually was. There were three sources of inaccurate information. The first two are related to the way the information was coded internally from our medical records staff and these issues are being addressed locally. The third is related to the severity model.

The first source of error was in principle diagnostic coding. Several patients were coded with ICD 9 410.7, for subendocardial myocardial infarction when in fact review of the record revealed that they had identifiable transmural infarctions.

A second type of inaccuracy resulting from internal coding practices was a failure to include all concomitant diseases in an accurate fashion. For example, one patient who had to be intubated in the Emergency Room due to pulmonary edema did not have coding that reflected either the intubation or the pulmonary edema.

The third potential source of inaccuracies in the data has to do with the lack of subdivisions of congestive heart failure. Many of our patients in the mortality group had severe congestive heart failure with ejection fractions below 25%. Unfortunately, with the current model there is no way to differentiate these patients from the patients with CHF of mild degree and good residual ejection fractions.

We are confident that correcting the above inaccuracies related to our internal coding would have a favorable effect on our risk-adjusted mortality rates. Thank you again for allowing us to respond to the presentation of the original data. Please let us know if we can provide any further information to you.

Sincerely,

J. David Moorhead, M.D.
President and CEO

JDM/sjr